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Notice of Rulemaking Hearing

Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, T.C.A. § 4-5-204. For questions and copies of the notice, contact the person listed below.

Agency/Board/Commission:	Health Services and Development Agency
Division:	N/A
Contact Person:	Jim Christoffersen, General Counsel
Address:	Andrew Jackson Bldg., 9th Fl., 502 Deaderick St., Nashville, TN 37243
Phone:	(615) 741-2364
Email:	jim.christoffersen@tn.gov

Any Individuals with disabilities who wish to participate in these proceedings (to review these filings) and may require aid to facilitate such participation should contact the following at least 10 days prior to the hearing:

ADA Contact:	Jim Christoffersen, General Counsel
Address:	Andrew Jackson Bldg., 9th Fl., 502 Deaderick St., Nashville, TN 37243
Phone:	(615) 741-2364
Email:	jim.christoffersen@tn.gov

Hearing Location(s) (for additional locations, copy and paste table)

Address 1:	Andrew Jackson Bldg., Ground Fl., Hearing Room G.201, 500 Deaderick St.		
Address 2:			
City:	Nashville, TN		
Zip:	37243		
Hearing Date :	10/24/16		
Hearing Time:	12:00 PM - 4:00 PM	<input checked="" type="checkbox"/> _X_ CST/CDT <input type="checkbox"/> __ EST/EDT	

Additional Hearing Information:

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Revision Type (check all that apply):

☒ Amendment
☐ New
☐ Repeal

Rule(s) (ALL chapters and rules contained in filing must be listed. If needed, copy and paste additional tables to accommodate more than one chapter. Please enter only **ONE** Rule Number/Rule Title per row.)

Chapter Number	Chapter Title
0720-10	Certificate of Need Program – Scope and Procedures
Rule Number	Rule Title
0720—10—.03	Standard Procedures for Certificate of Need

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Chapter Number	Chapter Title
0720-13	Rules of Procedure for Hearing Contested Cases
Rule Number	Rule Title
0720—13—.02	Contested Cases Before Administrative Judges Sitting Alone

(Place substance of rules and other info here. Statutory authority must be given for each rule change. For information on formatting rules go to <http://state.tn.us/sos/rules/1360/1360.htm>)

Amendments

0720—10—.03(5) is deleted in its entirety and substituted with the following:

(5) Examination Filing Fee.

(a) The amount of the initial fee shall be equal to \$5.75 per \$1,000 of the estimated capital expenditure involved, but in no case shall this fee be less than \$15,000 nor more than \$95,000.

(b) Any unpaid balance of litigation costs previously assessed against the applicant or any related entity of the applicant by the Tennessee Health Services and Development Agency may be offset against any filing fees paid. An application will not be deemed complete until the full filing fee, as well as such off set amounts, are paid in full.

(c) A final fee will be determined upon The Agency's receipt of the final project report. The amount of the final fee shall be the difference between the initial fee and the total fee based on actual final project costs, as such fee is calculated based on \$5.75 per \$1,000 of project costs, but in no case shall the total fee be less than \$15,000 nor more than \$95,000.

Authority: T.C.A. §§ 4—5—208; 68—11—1605; 68—11—1606, 68—11—1607; and 2016 Tenn. Pub. Acts Ch. 1043.

0720—13—.02(2) is deleted in its entirety and substituted with the following:

(2) In all cases, whether heard by an Administrative Judge sitting alone, or by the full Agency, the petitioner and other parties with the exception of The Agency shall bear the cost for all court reporters and transcriptions, and charges billed to the Agency for the Administrative Judge's work/time; in a contested case where the petition is dismissed, whether voluntarily or involuntarily, the petitioning party or parties shall be considered a "losing party" under TCA 68-11-1610. The original transcript and one copy of the transcript for each member of The Agency shall be provided to The Agency by the other parties, if the case is to be reviewed by the full Agency.

Authority: T.C.A. §§ 4—5—208; 4—5—314; 68—11—1605; 68—11—1609; 68—11—1610; and 2016 Tenn. Pub. Acts Ch. 1043.

I certify that the information included in this filing is an accurate and complete representation of the intent and scope of rulemaking proposed by the agency.

Date: August 31, 2016

Signature: _____

Name of Officer: Melanie M. Hill

Title of Officer: Executive Director

Subscribed and sworn to before me on: _____

Notary Public Signature: _____

My commission expires on: _____

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Filed with the Department of State on: _____

Tre Hargett
Secretary of State